

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
11323

1. PLACE OF DEATH—
 County St. Francois Registration District No. 775
 Township Peely Primary Registration District No. 6020
 City..... (No.....)..... St..... Ward.....

2. FULL NAME Winford Peesley Dodson
 (a) Residence. No..... St..... Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

File No.....
 Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>9</u>	<u>0</u>	<u>28</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work School Boy
 (b) General nature of industry, business, or establishment in which employed (or employer) -
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Alfred Dodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonne Terre
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mable Wiggan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Mo

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1931

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 8, 1931 that I last saw h. alive on March 8, 1931, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet Fever

(duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: At Home

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

20. WAS THERE AN AUTOPSY? no.

21. WHAT TEST CONFIRMED DIAGNOSIS? Examinations
 (Signed) See Trukey, M. D.
3-8, 1931 (Address) Bonne Terre Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Alfred Dodson
 (Address) Bonne Terre, Mo

15. FILED 3/9 1931 T. J. Bon
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre DATE OF BURIAL 3-9 1931

22. UNDERTAKER J. P. Ward ADDRESS Bonne Terre

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

WHITE PHOTOGRAPH WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

